

Mrs Audrey Robinson

Stanbeck Residential Care Home

Inspection report

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Date of inspection visit:
11 July 2023
17 July 2023

Date of publication:
06 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stanbeck Residential Care Home is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 13 people. The service provides support to older people, people with a learning disability, and autistic people. The home is in one adapted building over 3 floors with a lift, large lounge area, and dining room.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Each person had their own private room they had decorated to their own taste. We saw staff supporting choice and control during our inspection.

Right Care:

The care was person-centred and promoted individuals' human rights. People had different interests and activities. Many people said they liked the staff and how they were being supported. Staff were able to discuss people individually and knew how to support them well.

Right Culture:

The ethos, values, culture, and attitudes of the managers and the staff were focused on supporting people to have inclusive lives. Managers and staff were complimented by relatives regarding the support they provided. Family members have told us they are happy with the support their relative receives. Staff encouraged people to be involved in activities where appropriate and where they wanted to. Staff also understood and respected when people wanted to be alone.

Systems were in place to support the safe management and administration of medicines. Staff who administered medicines had the required training and their knowledge was checked. Medicine counts matched records. There was no information on why people were taking each medicine and we have made a recommendation about this.

Risk management was effective. There were systems in place to assess risk, monitor safety, and respond to risks. Lessons were learned when things went wrong. Recent investment into fire safety had been undertaken and fire safety practices developed to ensure people were safe.

Staffing and recruitment systems ensured staff of good character were employed. Appropriate pre-employment checks had been undertaken.

People were safe and protected from abuse. There were systems in place to ensure safeguarding training was undertaken by all staff. Staff could tell us what abuse was and what they would do if they saw signs of abuse. There was a safeguarding policy in place which had been newly refreshed. People and their relatives told us they felt the service was safe.

The provider was following current guidance to keep people safe in preventing and controlling infection. There were no restrictions on visiting in line with current guidance.

Managers and staff were clear regarding their roles. The registered manager was able to demonstrate she understood the legal requirements of the regulations. People, relatives, and staff told us the registered manager was available and easy to talk to.

There was a positive culture which was person-centred and involved the people using the service and their relatives. The registered manager and deputy manager had created multiple channels for staff to communicate updates, hazards, and requests to gain quick responses and repairs.

The managers and staff worked well with other professionals. We received positive feedback from the local authority and healthcare professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider review and update their visiting policy. At this inspection we found the provider had acted and had made improvements and the visiting practices matched current guidance.

Why we inspected

We previously carried out an unannounced focused inspection of this service on 15 July 2022 and 10 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm if they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the well-led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stanbeck Residential Care Home on our website at www.cqc.org.uk.

Recommendations

One recommendation was made to the provider. This can be found in the safe section of the report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

Stanbeck Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Stanbeck Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stanbeck Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 8 relatives about their experiences of the care provided. We spoke with staff including the registered manager, deputy manager, and 4 care assistants. We spoke with 2 health professionals, and 2 professionals from the local authority.

We reviewed a range of records. This included 3 people's care plans and 3 people's medication records. We reviewed 2 staff recruitment files and a range of records relating to the management of the service, including quality assurance checks, health and safety records, and a sample of the provider's policies and procedures were viewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. We have made a recommendation to improve practice further.

- Medicines profiles were not in place. This meant staff did not have information to hand to inform them of the reasons the people were taking their medicines, although all other guidance was available.

We recommend the provider follows best practice guidance in relation to medicine administration record-keeping.

- Medicines were managed safely, and staff had received appropriate training. The registered manager monitored training to ensure staff knowledge remained current and then checked their understanding through a competency assessment. Staff who were not trained did not administer medicines.
- Policies were in place to support safe medicine administration and staff had access to these.
- People received their medicines as prescribed and stock counts matched administration records. The registered manager had guidance in place for medicines people may need occasionally beyond their everyday medicines to ensure these medicines were administered appropriately.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor, and reduce risks to people's health and safety and ensure the premises was safe for its intended use. This was a breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 17.

- Risk management was effective. Records were in place to show the registered manager had reviewed risks to the home and had taken measures to reduce risks. Risk assessments were in place for health conditions so controls could be put in place to reduce the risk of harm. An area of building works had been taped off to indicate the hazard to reduce the risk of injury.

- The service had CCTV for common hallways and entrances and exits. This was clearly signed at the front of the home upon entry and at other entrances to the home and an appropriate policy was in place.
- Fire safety was effectively managed. Fire drills had taken place with all staff involved. Staff training in fire safety was monitored to ensure fully compliant and any outstanding training was scheduled. Various fire safety checks had been performed to ensure safety and appropriate actions taken.
- Fire safety building improvements had taken place. New fire doors and a new fire panel had been installed. This meant the home was safer in the event of a fire than with previous doors. New 'zones' had been put in place to ensure safe evacuations could be made through different parts of the building. Fire evacuation plans were posted in multiple areas of the home to aid staff and visitors to perform safe evacuations.
- The fire risk assessment performed had actions identified which had been completed. This meant an external fire safety professional had reviewed the fire safety in the home to provide assurance fire safety met current guidelines to support the safety of people who lived and worked in the home and to note any changes needed to keep people safe.

Staffing and recruitment

At our last inspection the provider had failed to maintain secure records for staff employed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were recruited safely and had undertaken Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Secure records were maintained of staff recruitment.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People were safe and protected from abuse. Staff were trained in safeguarding and knew when to report abuse.
- The provider had a safeguarding policy in place. The registered manager reviewed events and identified lessons learned to prevent future events.
- People told us they felt safe in the home. One person said, "I am safe here, they are good to me." A relative told us, "We're really happy with [home], they treat [relative] really well, they let us know if anything is wrong. We are sure [relative] is safe here."
- There was a whistle-blowing policy in place and staff told us they understood what whistle-blowing procedures were should it be necessary for them to alert someone of any bad practices.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

At our last inspection we made a recommendation about the provider's visiting policy.

- The visitor arrangements at the service were now in line with current government guidance.
- Visitors were in the home throughout the inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; continuous learning and improving care

At our last inspection the provider had failed to have effective systems in place to assess, monitor, and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Policy management was effective. The registered manager and deputy manager had created a new annual cycle for policy review to ensure they were monitored and updated. This new system was not fully embedded.
- The provider had started meetings with the registered manager and deputy manager to monitor the performance of the managers and to ensure good service quality. The provider also visited with people in the home to talk with them and check on the quality of their care. Previously the provider had not been recording these meetings. There was evidence the written records were now being kept, although this was not yet embedded.
- Since the last inspection the registered manager and deputy manager had created electronic systems to check and maintain health and safety systems and quality assurance. This meant regular checks were established and monitored. Health and safety hazards could be responded to quickly. During quality checks care plan gaps would be identified and infection control risks reduced.
- Staff were committed to improving care for people. Staff held discussions with people about what they liked and tried different things to improve people's quality of life.
- The registered manager had submitted information to CQC as required by the regulations. We noted the registered manager also reported events to the local authority.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and deputy manager had created multiple channels for staff to give direct feedback to make improvements. Using an instant communication system all staff could note hazards, make suggestions, add grocery list items, request days off, and then received quick responses from the

managers. This meant staff were valued and improvements could be made quickly as there was not a wait for formal reviews to take place.

- The registered manager had a list of all staff training and monitored this with the support of the deputy manager to ensure all mandatory training was undertaken, and if not complete, this was scheduled in. This training included guidance and support for a person from a different nationality. This meant staff were able to understand and respond to people and promote their inclusion.
- We observed care assistants and managers bending down to talk to people at their level with kindness and clarity. This was a consistent practice and demonstrated the person-centred focus on inclusion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a Duty of Candour Policy. We discussed this with the registered manager, and they understood their responsibility.
- The provider understood and performed their role with transparency and accountability as required.

Working in partnership with others

- The registered manager worked well with the local authority and healthcare professionals. We received largely positive feedback from professionals about the service.
- The registered manager was responsive to relatives. Relatives told us they received calls when there were updates to their relative's conditions or care. One relative told us, "I usually see the [registered] manager when we go in and I can speak to them anytime. They can't do enough for you, you only have to say." Relatives told us they received surveys to provide their feedback regarding the service.
- Staff encouraged people to be involved in activities where appropriate and where they wanted to. Staff also understood and respected when people wanted to be alone.